

COPY

PATENT
ATTORNEY DOCKET NO: 06132/047001

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled IDENTIFICATION OF POLYNUCLEOTIDES ENCODING NOVEL *HELICOBACTER* POLYPEPTIDES IN THE *HELICOBACTER* GENOME, the specification of which

- ☐ is attached hereto.
☒ was filed on July 29, 1997 as Application Serial No. 08/902,615.
☐ was described and claimed in PCT International Application No. _____
filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY	APPLICATION NO.	FILING DATE	PRIORITY CLAIMED
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. SERIAL NO.	FILING DATE	STATUS
_____	_____	_____

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Paul T. Clark, Reg. No. 30,162.

Address all telephone calls to: Paul T. Clark at 617/428-0200.

Address all correspondence to: Paul T. Clark at Clark & Elbing LLP, 176 Federal Street, Boston, MA 02110-2214.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Harold Kleanthous

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Newtonville, MA, USA

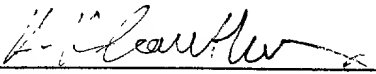
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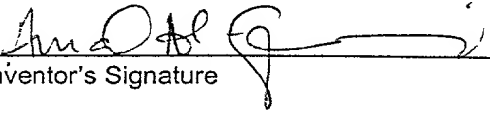
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10.12.97
Date

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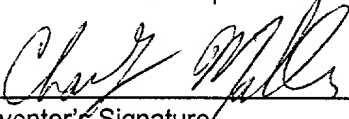
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Inventor's Citizenship

Inventor's Signature

Date

0900227-0501

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

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Inventor's Citizenship

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Date

Dec. 8, 1997

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Inventor's Citizenship

Inventor's Signature

Date

Variable	Mean	SD	Min	Max
Age	35.5	10.5	20	65
Gender	Male			
Marital status	Married			
Education	High school			
Occupation	Teacher			
Income	10,000	5,000	5,000	20,000
Health status	Good			
Exercise frequency	3 times/week			
Dietary habits	Healthy			
Stress level	Low			
Sleep quality	Good			
Work-life balance	Good			
Family support	High			
Community involvement	Active			
Life satisfaction	High			
Overall well-being	High			

Inventor's Name

Inventor's Residence Address (City, State, Country)

Inventor's Post Office Address (Street, City, State, Country)

Inventor's Citizenship

Date _____

Inventor's Name

Inventor's Residence Address (City, State, Country)

Inventor's Post Office Address (Street, City, State, Country)

Inventor's Citizenship

Dec-15-97

Date _____

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

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